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BIBDATASHEET

Bib Data Sheet

CONFIRMATION NO. 2140

| | | | | |
|-----------------------------|-----------------------------------|--------------|------------------------|---------------------------------|
| SERIAL NUMBER 10/647,660 | FILING DATE 08/25/2003 RULE | CLASS 119 | GROUP ART UNIT 3643 | ATTORNEY DOCKET NO. 4316/037 |
|-----------------------------|-----------------------------------|--------------|------------------------|---------------------------------|

APPLICANTS

Simon Handelsman, Newburyport, MA;

** CONTINUING DATA *****

This appln claims benefit of 60/467,278 05/01/2003

Yes STN

** FOREIGN APPLICATIONS *****

None STN

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 11/17/2003

| Foreign Priority claimed | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY | SHEETS | TOTAL CLAIMS | INDEPENDENT CLAIMS |
|---------------------------------|--|----------------------|--------|-----------------|-----------------------|
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> | Met after Allowance | | | |
| Verified and Acknowledged | <i>STN</i> | Examiner's Signature | MA | DRAWING 4 | 33 |

ADDRESS

Jeffrey M. Kaden
Gottlieb, Rackman & Reisman, P.C.
270 Madison Avenue
New York , NY
10016

TITLE

Pet chews and methods of providing dental care to pets

| | | |
|------------------|---|---|
| FILING FEE | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
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